

**TAMALA HOLLAND**  
**PARALEGAL SPECIALIST**  
**DESIGNATED OFFICE**  
**305-6483**

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE				
						APPLICANT(S)					
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/						51				
2	/						52				
3	/						53				
4	/						54				
5	/						55				
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43							93				
44							94				
45	/						95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL ID.							TOTAL IND.				
TOTAL EP.							TOTAL DEP.				
TOTAL CLAIMS							TOTAL CLAIMS				